

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

American Hospital Association

(b) Address (number and street) ☐ check if different than previously reported

325 Seventh Street, NW Suite 700

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001788**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0**(b) Communication Title** Know**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Melinda Hatton

(b) Address (number and street)

325 Seventh Street, NW

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

American Hospital Association

(e) Occupation

General Counsel

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

585000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Melinda Hatton

SIGNATURE Electronically Filed by Melinda Hatton

DATE 10/19/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.